STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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Ken Stark, Director
Mental Health Transformation Grant
Office of the Governor
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Dear Mr. Stark,

Thank you for inviting the State Board of Health to comment on the mental health system in Washington State—what is working well, what is not working, what a transformed mental health system would look like, and what outcome measures would indicate whether the system, once "transformed," is actually working better for consumers. The Mental Health Transformation Work Group (TWG) has asked respondents to address their comments to one of the target populations that will be the focus the group's seven subcommittees. I will attempt to identify target populations in this letter, but none of the seven subcommittees and none of the TWG's six task groups directly address the Board's primary area of interest—prevention. The TWG has been asking, "What would a 'transformed' mental health system look like?"; meanwhile, the Board has begun to ask, "What would a 'public health-oriented' mental health system look like?" A public health-oriented mental health system means a system that takes a population-based approach to preventing mental illness and promoting mental well-being.

In January, the Board adopted a new strategic plan. One of its goals is to "assure access to critical health services," and one of the objectives under that goal is to "promote access to preventive mental health services." The Board is in the early stages of this work, and its first activity is to educate itself about ongoing mental health reform efforts such as the Mental Health Transformation Grant. Another activity is to support TWG activities that take a public health approach. Ultimately, the Board expects to produce a report that "examines capacity in the state to deliver preventive, community oriented, population-based mental health services, articulates a vision for a public health approach to mental health, and makes policy recommendations."

In your January 9 letter to me, you said the Board's interest in articulating a public health model for the prevention of mental illness would complement the efforts of the TWG. "I would encourage the Board," you wrote, "to develop a preliminary report—limited in scope but at least outlining the fundamental concepts by June." I am planning to outline the fundamental concepts briefly in this letter, particularly as I address the question of "what would a 'transformed' mental

health system look like?" It is my hope that this letter will be a suitable substitute for the preliminary report previously discussed.

Before I address the TWG's questions, I want to acknowledge that a primary function of the grant is to create "paths to recovery," to move beyond an arrangement where the seriously mentally ill are trapped in a system that structurally reinforces the notion that they have an *incurable* disease. I also want to recognize that services for the seriously mentally ill are severely underfunded in this state. The Board believes that population-based mental health prevention and promotion programs can complement efforts to reform the system that cares for the seriously mentally ill—not supplant those efforts. Nothing we are suggesting should be viewed as "robbing Peter to pay Paul." But public health interventions may prove to be cost-neutral or even cost-beneficial, and those that are evidence-based and cost-effective may justify additional social investments.

1. Within Washington State, and for all mental health services, public or private, what is working well when addressing the needs of the Subcommittee's target population…?

The Board is not in a position to characterize the mental health system broadly or to identify in any comprehensive way where it is working well for any specific populations, but there are some activities in which the Board is involved that have implications for the mental health needs of children and youth.

- **Adolescent Health:** The Board participates in the Washington State Partnership for Youth, which is developing a statewide plan for adolescent health. The plan will address social emotional and mental health.

- **Physical Activity and Nutrition:** The Board participates in Action for Healthy Kids, which is helping school districts develop and implement physical activity and nutrition programs. It also participates in a statewide leadership group on nutrition and physical activity policy and has helped organize community meetings to generate local activities aimed at improving student nutrition and increasing activity levels. Good nutrition and adequate levels of physical activity can be important to mental health.

- **School Environmental Health:** Through rule making and other activities, the Board is supporting efforts to improve school health and safety. Unsafe school environments contribute to poor academic success, and academic failure is a mental health risk factor.

- **Health Disparities and the Student Achievement Gap:** Poor physical health is a risk factor for mental health problems, and some subpopulations suffer disproportionately from some illnesses. Academic failure is also a risk factor. Many of the populations at risk for health disparities are also at risk for poorer academic performance, compounding their risk for mental health problems. The Board has been working through the Coordinated School Health Grant to explore policies that could address both needs within the same subpopulations.

- **Medical Home:** The Board is engaged in the Governor's Prevention Work Group's efforts to ensure more children have a medical home. A medical home is a system for providing coordinated, family-centered care that provides access to all needed medical and non-medical services, including mental health services.

- **Comprehensive Preventive Care:** The Board has developed a list of "Recommended Children's Preventive Services: Ages Birth through 10 Years," which includes developmental and behavioral assessments for the general population, as well as screening, counseling, and interventions for mental health, family violence, and children's violent behavior.

The issue of health disparities is relevant to all populations, as is the Board's work on access to critical health services.

- **Health Disparities:** Poor physical health is a risk factor for many mental disorders. We know, for example, that people with chronic diseases are prone to depression, and that often it is necessary to address related mental health issues before an individual can successfully manage a chronic condition. Minorities experience disparities in their access to and the availability of mental health care. When they do receive care, it is more likely to be substandard.

- **Access:** The Board has developed a "menu" of critical health services—services that have a predictable and demonstrated benefit to the health status of the community. Public health agencies work to assure these services are available in their communities. The menu includes behavioral and mental health services.

2. Within Washington State, and for all mental health services, public or private, what is NOT working, creates barriers or fails to provide quality service and support when addressing the needs of the Subcommittee's target population.

The Board is not in a position to describe in any systematic way the barriers that prevent target populations from receiving adequate services and support. The Board, however, makes a point of asking local boards of health and local public health agencies about their concerns and priorities. The Board consistently hears that lack of adequate mental health services for all populations is a leading concern of local jurisdictions, particularly rural ones. Local policy makers have trouble addressing homelessness because there are not enough services for the homeless who are mentally ill, First Steps clients are unable to access behavioral health services, jails serve as *de facto* mental health centers, and youth are released from juvenile justice centers with mental health treatment plans but no one to help implement them.

3. Related to the Subcommittee target population, what would a "transformed" mental health system look like?

Relative to all populations, a "transformed" mental health system would have a strong public health component focused on population-based activities that prevent mental illness and promote

mental and social emotional health. Public health professionals would be able to clearly articulate their role within the mental health system, and mental health providers would understand and support that role.

The World Health Organization defines health as “a state of complete physical, mental and social well being; not merely the absence of disease or infirmity.” The Institute of Medicine defines the mission of public health as “fulfilling society's interest in assuring conditions in which people can be healthy.”

The public health and mental health systems have entwined roots and have grown up together, but they have diverged over time. Mental health has evolved as an independent discipline that at times is seen as wholly independent from public health and from personal health care. There have been attempts of late to create a more seamless, integrated and holistic approach to health. Public health organizations, for their part, have begun to articulate the role of public health in addressing mental health issues.

In May 2005, the National Association of County and City Health Officials published an issue brief that says, “Faced with challenges such as combating stigma and discrimination, a population-based approach to mental health can aim to affect policies and access to care, while assuring quality treatment and incorporating stronger assessment techniques for monitoring the mental health of communities.”

Four months later, the Centers for Disease Control and Prevention issued a *Morbidity and Mortality Weekly Report* that focuses on mental health. The lead article states, “The challenges for public health are to identify risk factors, increase awareness about mental disorders and the effectiveness of treatment, remove the stigma associated with receiving treatment, eliminate health disparities, and improve access to mental health services for all persons, particularly among populations that are disproportionately affected. Public health agencies can incorporate mental health promotion into chronic disease prevention efforts, conduct surveillance and research to improve the evidence base about mental health in the United States, and collaborate with partners to develop comprehensive mental health plans to enhance coordination of care.”

Over the next several months, the Board and its partners will describe a framework for mental health promotion and prevention. It will then describe how that framework intersects with established public health activities. It will review current needs, attitudes, and practices in Washington State and identify exemplary activities. Finally, it will suggest action steps for state and local entities and recommend policy changes that could support public health promotion.

Much is already known about what a prevention and promotion oriented framework for mental health looks like, and there are clear tie-ins to public health’s traditional functions—conducting community health assessments, for instance, and assuring access to health services.

A preventive model for mental health begins with promotion, which involves increasing protective factors, such as a sense of community and healthy beliefs. Prevention primarily involves identifying risk factors and working to mitigate them. Known risk factors include academic failure, poverty, family violence, community disorganization, and the availability of

drugs and firearms. There is a growing body of research that identifies effective, evidence-based programs for mental health prevention. These programs often target interventions based on assessments of risk and protective factors. Community health assessment is a core function of public health, and assessments can—and often do—measure risk and protective factors.

Most public health agencies in this state do not provide medical or mental health treatments, but they do perform an assurance function—referring people to services and helping communities mobilize to address access gaps in access to "critical health services." The Board's menu of critical health services guides public health agencies and their partners in this activity by identifying the kinds of essential services that should be available in a community. The menu includes mental health services, so this public health assurance function would include assuring access to appropriate mental health services.

4. What outcome would indicate that the changes in the mental health service systems are creating results for consumers?

It would be premature for the Board to propose outcome measures for a system it has not fully described. Perhaps it will do so as part of its report next year. I can imagine, however, that they might be somewhat similar to the measures the U.S. Substance Abuse & Mental Health Service has proposed as part of its Strategic Prevention Framework Action Plan. I can also envision some measures similar to measures the Public Health Improvement Partnerships has developed for state and local public health agencies.

Thank you for the opportunity to comment. I look forward to working with you, your staff, the TWG and others as the Board and its partners try to define what a preventive, public health-oriented approach to mental health might look like for Washington State.

Sincerely,

Kim Marie Thorburn, MD, MPH

Kim Marie Thorburn, MD, MPH, Chair
Washington State Board of Health

cc: Washington State Board of Health Members
Craig McLaughlin, State Board of Health
Patty Hayes, Department of Health